



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L50587</b> 1. Entity Name LEVEL 3, INC.			
Principal Place of Business 5000068 MALABAR, FL 32950 US		Mailing Address 5000068 MALABAR, FL 32950 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		05082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2989223	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MANCHESTER, MICHAEL 612 HEDGE COCK SQUARE SATELLITE BEACH, FL 32937		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	PST		
NAME	MANCHESTER, MICHAEL C		
STREET ADDRESS	P.O. BOX 500068		
CITY-ST-ZIP	MALABAR, FL 32950		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.			
SIGNATURE: <i>Michael Manchester</i>		5/1/06 321-723-9739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	